

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.
★ MAR 08 2019
3/15/19
SAC

SCJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

1. CIR/DIST./DIV. CODE EDNY	2. PERSON REPRESENTED John Doe CR 17-497-01		VOUCHER NUMBER BROOKLYN OFFICE
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER SKY. NUMBER
7. IN CASE/MATTER OF (Case Name) USA v. John Doe CR 17-497	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions)

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix),
AND MAILING ADDRESS
Gary S. Villanueva, Attorney at Law
11 Park Place
Suite 1601
New York NY 10007 **garyvillanueva@aol.com**
Telephone Number: **(212) 219-0100**

13. COURT ORDER
 A Appointing Counsel C Co-Counsel
 F Subs For Federal Defender R Subs For Retained Attorney
 P Subs For Panel Attorney Y Standby Counsel

Prior Attorney's Name: **Arun G. Rao (Retained)**

Appointment Dates: **01/11/2019**
 Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR
 Other (See Instructions)

/s/ **USDJ ERIC N. VITALIANO**

Signature of Presiding Judge or By Order of the Court
3/7/2019

Date of Order Nunc Pro Tunc Date
Repayment or partial repayment ordered from the person represented for this service at time appointment. YES NO

CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY			
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
In Court	a. Arraignment and/or Plea		\$0.00		\$0.00
	b. Bail and Detention Hearings		\$0.00		\$0.00
	c. Motion Hearings		\$0.00		\$0.00
	d. Trial		\$0.00		\$0.00
	e. Sentencing Hearings		\$0.00		\$0.00
	f. Revocation Hearings		\$0.00		\$0.00
	g. Appeals Court		\$0.00		\$0.00
	h. Other (Specify on additional sheets)		\$0.00		\$0.00
(RATE PER HOUR = \$) TOTALS:		0.00	0.00	0.00	0.00
Out of Court	a. Interviews and Conferences		\$0.00		\$0.00
	b. Obtaining and reviewing records		\$0.00		\$0.00
	c. Legal research and brief writing		\$0.00		\$0.00
	d. Travel time		\$0.00		\$0.00
	e. Investigative and other work (Specify on additional sheets)		\$0.00		\$0.00
(RATE PER HOUR = \$) TOTALS:		0.00	0.00	0.00	0.00
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED)			0.00		0.00

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this YES NO If yes, were you paid? YES NO
Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets.
I swear or affirm the truth or correctness of the above statements.

Signature of Attorney _____ Date _____

APPROVED FOR PAYMENT COURT USE ONLY			
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES
			27. TOTAL AMT. APPR/CERT. \$0.00
28. SIGNATURE OF THE PRESIDING JUDGE		DATE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES
			33. TOTAL AMT. APPROVED \$0.00
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) /payment approved in excess of the statutory threshold amount.		DATE	
		34a. JUDGE CODE	